

| <b>United States Bankruptcy Court</b><br><b>Northern District of Illinois</b>   |  |   |   |  |   | <b>Voluntary Petition</b>                              |   |  |   |  |   |  |   |  |   |   |  |
|---|--|---|---|--|---|--|---|--|---|--|---|--|---|--|---|---|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>BERNS, CARL E</b>  |  |   |   | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>BERNS, CECILIA M</b>  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):   |  |   |   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>1219</b>   |  |   |   | Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>5086</b>  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| Street Address of Debtor (No. & Street, City, State & Zip Code):<br><b>10620 Wrightwood Ave.</b><br><b>Melrose Park, IL</b>   |  |   |   | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):<br><b>10620 Wrightwood Ave.</b><br><b>Melrose Park, IL</b>  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| ZIPCODE <b>60164</b>  |  |   |   | ZIPCODE <b>60164</b>   |   |  |   |  |   |  |   |  |   |  |   |   |  |
| County of Residence or of the Principal Place of Business:<br><b>Cook</b>   |  |   |   | County of Residence or of the Principal Place of Business:<br><b>Cook</b>  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| Mailing Address of Debtor (if different from street address):   |  |   |   | Mailing Address of Joint Debtor (if different from street address):  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| ZIPCODE   |  |   |   | ZIPCODE  |   |  |   |  |   |  |   |  |   |  |   |   |  |
| Location of Principal Assets of Business Debtor (if different from street address above):   |  |   |   |  |   | ZIPCODE  |   |  |   |  |   |  |   |  |   |   |  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)<br>_____  |  | <b>Nature of Business</b><br>(Check <b>one</b> box.)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other<br>_____<br><b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). |   | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input checked="" type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding<br>_____<br><b>Nature of Debts</b><br>(Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily business debts. |   |  |   |  |   |  |   |  |   |  |   |   |  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  |  |   |   | <b>Chapter 11 Debtors</b><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.<br>-----<br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).   |   |  |   |  |   |  |   |  |   |  |   |   |  |
| <b>Statistical/Administrative Information</b><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |  |   |   |  |   | <b>THIS SPACE IS FOR COURT USE ONLY</b>                |   |  |   |  |   |  |   |  |   |   |  |
| Estimated Number of Creditors<br><table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> 1-49</td><td style="text-align: center;"><input checked="" type="checkbox"/> 50-99</td><td style="text-align: center;"><input type="checkbox"/> 100-199</td><td style="text-align: center;"><input type="checkbox"/> 200-999</td><td style="text-align: center;"><input type="checkbox"/> 1,000-5,000</td><td style="text-align: center;"><input type="checkbox"/> 5,001-10,000</td><td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td><td style="text-align: center;"><input type="checkbox"/> 25,001-50,000</td><td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td><td style="text-align: center;"><input type="checkbox"/> Over 100,000</td></tr></table>  |  |   |   |  |   |  |   | <input type="checkbox"/> 1-49                              | <input checked="" type="checkbox"/> 50-99         | <input type="checkbox"/> 100-199                           | <input type="checkbox"/> 200-999                      | <input type="checkbox"/> 1,000-5,000                   | <input type="checkbox"/> 5,001-10,000                   | <input type="checkbox"/> 10,001-25,000                 | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> Over 100,000          |
| <input type="checkbox"/> 1-49   | <input checked="" type="checkbox"/> 50-99      | <input type="checkbox"/> 100-199  | <input type="checkbox"/> 200-999                  | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 5,001-10,000                 |  |   | <input type="checkbox"/> 10,001-25,000                     | <input type="checkbox"/> 25,001-50,000            | <input type="checkbox"/> 50,001-100,000                    | <input type="checkbox"/> Over 100,000                 |  |   |  |   |   |  |
| Estimated Assets<br><table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>      |  |   |   |  |   |  |   | <input type="checkbox"/> \$0 to \$50,000                   | <input type="checkbox"/> \$50,001 to \$100,000    | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million     | <input type="checkbox"/> \$1 million to \$10 million   | <input type="checkbox"/> \$10 million to \$50 million   | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
| <input type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000  | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1 million to \$10 million   | <input type="checkbox"/> \$10 million to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion      | <input type="checkbox"/> More than \$1 billion    |  |   |  |   |  |   |   |  |
| Estimated Liabilities<br><table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table> |  |   |   |  |   | <input type="checkbox"/> \$0 to \$50,000               | <input type="checkbox"/> \$50,001 to \$100,000          | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1 million to \$10 million       | <input type="checkbox"/> \$10 million to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion  | <input type="checkbox"/> More than \$1 billion          |   |  |
| <input type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000 | <input checked="" type="checkbox"/> \$100,001 to \$500,000  | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1 million to \$10 million   | <input type="checkbox"/> \$10 million to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion      | <input type="checkbox"/> More than \$1 billion    |  |   |  |   |  |   |   |  |

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|--|--|--|--------------------------------|
| <b>Voluntary Petition</b><br>(This page must be completed and filed in every case)   |  | Name of Debtor(s):<br><b>BERNS, CARL E &amp; BERNS, CECELIA M</b>  |                                |
| <b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |  |  |                                |
| Location<br>Where Filed: <b>Northern Dist IL Filed 9-4-02 Ch 7 Discharged 12-02</b>  |  | Case Number:<br><b>02-33841</b>  | Date Filed:<br><b>9-4-02</b>   |
| Location<br>Where Filed: <b>Northern Dist IL Filed 5/02/01 Ch 7 Discharged 8/01</b>  |  | Case Number:<br><b>01-15773</b>  | Date Filed:<br><b>05-02-01</b> |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |  |  |                                |
| Name of Debtor:<br><b>None</b>   |  | Case Number:   | Date Filed:                    |
| District:  |  | Relationship:  | Judge:                         |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)<br><br><input type="checkbox"/> Exhibit A is attached and made a part of this petition.   |  | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.<br><br><b>X /s/ Jeffrey S. Harris</b><br>Signature of Attorney for Debtor(s)<br><br><b>12/31/07</b><br>Date |                                |
| <b>Exhibit C</b><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No  |  |  |                                |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><br><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br><br>If this is a joint petition:<br><br><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.  |  |  |                                |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box.)<br><br><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.  |  |  |                                |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)<br><br><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br>_____<br>(Name of landlord or lessor that obtained judgment)<br><br>_____<br>(Address of landlord or lessor)<br><br><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><br><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). |  |  |                                |

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|--|--|---|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>  |  | Name of Debtor(s):<br><b>BERNS, CARL E &amp; BERNS, CECELIA M</b>   |  |
| <b>Signatures</b>  |  |   |  |
| <b>Signature(s) of Debtor(s) (Individual/Joint)</b><br><br>I declare under penalty of perjury that the information provided in this petition is true and correct.<br>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.<br>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).<br>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.<br><br><b>X</b> <u>/s/ CARL E BERNS</u><br>Signature of Debtor <b>CARL E BERNS</b><br><br><b>X</b> <u>/s/ CECELIA M BERNS</u><br>Signature of Joint Debtor <b>CECELIA M BERNS</b><br><br>_____<br>Telephone Number (If not represented by attorney)<br><br><u>December 31, 2007</u><br>Date |  | <b>Signature of a Foreign Representative</b><br><br>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.<br>(Check only <b>one</b> box.)<br><br><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.<br><br><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.<br><br><b>X</b> _____<br>Signature of Foreign Representative<br><br><b>X</b> _____<br>Printed Name of Foreign Representative<br><br>_____<br>Date  |  |
| <b>Signature of Attorney*</b><br><br><b>X</b> <u>/s/ Jeffrey S. Harris</u><br>Signature of Attorney for Debtor(s)<br><u>Jeffrey S. Harris 6197483</u><br>Printed Name of Attorney for Debtor(s)<br><br><u>Attorneys Serving You, LLC</u><br>Firm Name<br><br><u>1701 S. First Avenue, Ste. 207</u><br>Address<br><br><u>Maywood, IL 60153-2400</u><br><br><u>(708) 344-4567</u><br>Telephone Number<br><br><u>December 31, 2007</u><br>Date<br><br>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.   |  | <b>Signature of Non-Attorney Petition Preparer</b><br><br>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.<br><br>_____<br>Printed Name and title, if any, of Bankruptcy Petition Preparer<br><br>_____<br>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)<br><br>_____<br>Address<br><br>_____<br><br><b>X</b> _____<br>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.<br><br>_____<br>Date<br><br>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:<br><br><br><br>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.<br><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i> |  |
| <b>Signature of Debtor (Corporation/Partnership)</b><br><br>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.<br><br>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.<br><br><b>X</b> _____<br>Signature of Authorized Individual<br><br>_____<br>Printed Name of Authorized Individual<br><br>_____<br>Title of Authorized Individual<br><br>_____<br>Date  |  |   |  |

IN RE:

Case No. \_\_\_\_\_

**BERNS, CARL E & BERNS, CECELIA M**

Chapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,500.00**

Prior to the filing of this statement I have received ..... \$ **986.00**

Balance Due ..... \$ **2,514.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Contested matters and adversaries.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 31, 2007**

Date

**/s/ Jeffrey S. Harris**

Signature of Attorney

**Attorneys Serving You, LLC**

Name of Law Firm

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

#### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**BERNS, CARL E & BERNS, CECELIA M**

Printed Name(s) of Debtor(s)

**X /s/ CARL E BERNS**

Signature of Debtor

**12/31/2007**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ CECELIA M BERNS**

Signature of Joint Debtor (if any)

**12/31/2007**

Date

## Official Form 22C (Chapter 13) (04/07)

In re: **BERNS, CARL E & BERNS, CECELIA M**

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

According to the calculations required by this statement:

☒ **The applicable commitment period is 3 years.**☐ **The applicable commitment period is 5 years.**☐ **Disposable income is determined under § 1325(b)(3).**☒ **Disposable income is not determined under § 1325(b)(3).**

(Check the box as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME  
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

**Part I. REPORT OF INCOME**

|   |  |                             |   |   |                 |    |   |    |    |                                     |                             |    |    |
|---|--|-----------------------------|---|---|-----------------|----|---|----|----|-------------------------------------|-----------------------------|----|----|
| 1   | <b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.<br>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b><br>b. <input checked="" type="checkbox"/> Married. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</b><br>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. |                             | <b>Column A<br/>Debtor's<br/>Income</b>   | <b>Column B<br/>Spouse's<br/>Income</b> |                 |    |   |    |    |                                     |                             |    |    |
| 2   | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>  |                             | \$ <b>4,098.46</b>  | \$                                      |                 |    |   |    |    |                                     |                             |    |    |
| 3   | <b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction if Part IV.</b> <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>   |                             | a.  | Gross receipts                          | \$              | b. | Ordinary and necessary operating expenses | \$ | c. | Business income                     | Subtract Line b from Line a | \$ | \$ |
| a.  | Gross receipts   | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| b.  | Ordinary and necessary operating expenses  | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| c.  | Business income  | Subtract Line b from Line a |   |   |                 |    |   |    |    |                                     |                             |    |    |
| 4   | <b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b> <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>   |                             | a.  | Gross receipts                          | \$              | b. | Ordinary and necessary operating expenses | \$ | c. | Rent and other real property income | Subtract Line b from Line a | \$ | \$ |
| a.  | Gross receipts   | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| b.  | Ordinary and necessary operating expenses  | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| c.  | Rent and other real property income  | Subtract Line b from Line a |   |   |                 |    |   |    |    |                                     |                             |    |    |
| 5   | <b>Interest, dividends, and royalties.</b>   |                             | \$  | \$                                      |                 |    |   |    |    |                                     |                             |    |    |
| 6   | <b>Pension and retirement income.</b>  |                             | \$  | \$                                      |                 |    |   |    |    |                                     |                             |    |    |
| 7   | <b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.</b> Do not include amounts paid by the debtor's spouse.  |                             | \$  | \$                                      |                 |    |   |    |    |                                     |                             |    |    |
| 8   | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:<br><table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ _____</td> <td>Spouse \$ _____</td> </tr> </table>  |                             | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____                         | Spouse \$ _____ | \$ | \$  |    |    |                                     |                             |    |    |
| Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____  | Spouse \$ _____             |   |   |                 |    |   |    |    |                                     |                             |    |    |
| 9   | <b>Income from all other sources.</b> If necessary, list additional sources on a separate page. <b>Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.<br><table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> </table> Total and enter on Line 9  |                             | a.  |   | \$              | b. |   | \$ | \$ | \$                                  |                             |    |    |
| a.  |  | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| b.  |  | \$                          |   |   |                 |    |   |    |    |                                     |                             |    |    |
| 10  | <b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).   |                             | \$ <b>4,098.46</b>  | \$                                      |                 |    |   |    |    |                                     |                             |    |    |
| 11  | <b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.  |                             | \$  | <b>4,098.46</b>                         |                 |    |   |    |    |                                     |                             |    |    |

Official Form 22C (Chapter 13) (04/07) - Cont.

**Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD**

|    |  |                     |
|----|--|---------------------|
| 12 | <b>Enter the amount from Line 11.</b>  | \$ <b>4,098.46</b>  |
| 13 | <b>Marital Adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.  | \$ <b>0.00</b>      |
| 14 | <b>Subtract Line 13 from Line 12 and enter the result.</b>   | \$ <b>4,098.46</b>  |
| 15 | <b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.   | \$ <b>49,181.52</b> |
| 16 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)<br>a. Enter debtor's state of residence: <b>Illinois</b> b. Enter debtor's household size: <b>5</b>  | \$ <b>82,384.00</b> |
| 17 | <b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed.<br><input checked="" type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.<br><input type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. |                     |

**Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME**

|    |  |                     |
|----|--|---------------------|
| 18 | <b>Enter the amount from Line 11.</b>  | \$ <b>4,098.46</b>  |
| 19 | <b>Marital Adjustment.</b> If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.   | \$ <b>0.00</b>      |
| 20 | <b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.  | \$ <b>4,098.46</b>  |
| 21 | <b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.   | \$ <b>49,181.52</b> |
| 22 | <b>Applicable median family income.</b> Enter the amount from Line 16.   | \$ <b>82,384.00</b> |
| 23 | <b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.<br><input checked="" type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts IV, V, or VI.</b> |                     |

**Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)**

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

|     |   |                             |    |  |    |    |  |    |    |                             |                             |    |
|-----|---|-----------------------------|----|--|----|----|--|----|----|-----------------------------|-----------------------------|----|
| 24  | <b>National Standards: food, clothing, household supplies, personal care, and miscellaneous.</b> Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |                             | \$ |  |    |    |  |    |    |                             |                             |    |
| 25A | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |                             | \$ |  |    |    |  |    |    |                             |                             |    |
| 25B | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a</td> </tr> </table> |                             | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ |
| a.  | IRS Housing and Utilities Standards; mortgage/rental expense  | \$                          |    |  |    |    |  |    |    |                             |                             |    |
| b.  | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47  | \$                          |    |  |    |    |  |    |    |                             |                             |    |
| c.  | Net mortgage/rental expense   | Subtract Line b from Line a |    |  |    |    |  |    |    |                             |                             |    |
| 26  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:   |                             | \$ |  |    |    |  |    |    |                             |                             |    |



Official Form 22C (Chapter 13) (04/07) - Cont.

|    |   |                             |   |    |    |  |    |    |   |                             |    |
|----|---|-----------------------------|---|----|----|--|----|----|---|-----------------------------|----|
| 27 | <p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 28 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 30%; text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table> | a.                          | IRS Transportation Standards, Ownership Costs, First Car  | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs, First Car  | \$                          |   |    |    |  |    |    |   |                             |    |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47  | \$                          |   |    |    |  |    |    |   |                             |    |
| c. | Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a |   |    |    |  |    |    |   |                             |    |
| 29 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%; text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>  | a.                          | IRS Transportation Standards, Ownership Costs, Second Car | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs, Second Car   | \$                          |   |    |    |  |    |    |   |                             |    |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  | \$                          |   |    |    |  |    |    |   |                             |    |
| c. | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a |   |    |    |  |    |    |   |                             |    |
| 30 | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 31 | <p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 32 | <p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>  | \$                          |   |    |    |  |    |    |   |                             |    |
| 33 | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 49.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 34 | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 35 | <p><b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>  | \$                          |   |    |    |  |    |    |   |                             |    |
| 36 | <p><b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b></p>  | \$                          |   |    |    |  |    |    |   |                             |    |
| 37 | <p><b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service—such as cell phones, pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>   | \$                          |   |    |    |  |    |    |   |                             |    |
| 38 | <p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.</p>   | \$                          |   |    |    |  |    |    |   |                             |    |

Official Form 22C (Chapter 13) (04/07) - Cont.

**Subpart B: Additional Expense Deductions under § 707(b)**  
**Note: Do not include any expenses that you have listed in Lines 24-37**

|    |   |                             |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
|----|---|-----------------------------|------------------|----|----|----------------------|----|----|------------------------|----|--|--|-----------------------------|----|
| 39 | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in each the following categories.  |                             |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
|    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">a.</td> <td style="width:60%;">Health Insurance</td> <td style="width:35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </table> | a.                          | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ |  |  | Total: Add Lines a, b and c | \$ |
| a. | Health Insurance  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| b. | Disability Insurance  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| c. | Health Savings Account  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
|    |   | Total: Add Lines a, b and c |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 40 | <b>Continued contributions to the care of household or family members.</b> Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 41 | <b>Protection against family violence.</b> Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 42 | <b>Home energy costs.</b> Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>   | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 43 | <b>Education expenses for dependent children less than 18.</b> Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>  | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 44 | <b>Additional food and clothing expense.</b> Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>                                    | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 45 | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |
| 46 | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45   | \$                          |                  |    |    |                      |    |    |                        |    |  |  |                             |    |

**Subpart C: Deductions for Debt Payment**

| 47 | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.  |                            |                              |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
|----|---|----------------------------|------------------------------|----------------------------|---------------------------|----|--|--|----|----|--|--|----|----|--|--|----|--|--|--|------------------------------|----|
|    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;"></th> <th style="width:40%;">Name of Creditor</th> <th style="width:40%;">Property Securing the Debt</th> <th style="width:15%;">60-month Average Pmt</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add lines a, b and c.</td> </tr> </table>      |                            | Name of Creditor             | Property Securing the Debt | 60-month Average Pmt      | a. |  |  | \$ | b. |  |  | \$ | c. |  |  | \$ |  |  |  | Total: Add lines a, b and c. | \$ |
|    | Name of Creditor  | Property Securing the Debt | 60-month Average Pmt         |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| a. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| b. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| c. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
|    |   |                            | Total: Add lines a, b and c. |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| 48 | <b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.   |                            |                              |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
|    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;"></th> <th style="width:40%;">Name of Creditor</th> <th style="width:40%;">Property Securing the Debt</th> <th style="width:15%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add lines a, b and c.</td> </tr> </table> |                            | Name of Creditor             | Property Securing the Debt | 1/60th of the Cure Amount | a. |  |  | \$ | b. |  |  | \$ | c. |  |  | \$ |  |  |  | Total: Add lines a, b and c. | \$ |
|    | Name of Creditor  | Property Securing the Debt | 1/60th of the Cure Amount    |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| a. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| b. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| c. |   |                            | \$                           |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
|    |   |                            | Total: Add lines a, b and c. |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |
| 49 | <b>Payments on priority claims.</b> Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.   | \$                         |                              |                            |                           |    |  |  |    |    |  |  |    |    |  |  |    |  |  |  |                              |    |

Official Form 22C (Chapter 13) (04/07) - Cont.

|  |   |  |                               |
|--|---|--|-------------------------------|
| 50   | <b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. |  |                               |
|  | a.  | Projected average monthly Chapter 13 plan payment.   | \$                            |
|  | b.  | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | X                             |
|  | c.  | Average monthly administrative expense of Chapter 13 case  | Total: Multiply Lines a and b |
|  |   |  | \$                            |
| 51   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.   |  | \$                            |
| <b>Subpart D: Total Deductions Allowed under § 707(b)(2)</b> |   |  |                               |
| 52   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 38, 46, and 51.  |  | \$                            |

|  |  |  |    |
|--|--|--|----|
| <b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b> |  |  |    |
| 53   | <b>Enter current monthly income.</b> Enter the amount from Line 20.  |  | \$ |
| 54   | <b>Support Income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. |  | \$ |
| 55   | <b>Qualified retirement deductions.</b> Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).   |  | \$ |
| 56   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.   |  | \$ |
| 57   | <b>Total adjustments to determine disposable income.</b> Add the amounts on Line 54, 55, and 56 and enter the result.  |  | \$ |
| 58   | <b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 57 from Line 53 and enter the result.   |  | \$ |

|   |   |                     |                |
|---|---|---------------------|----------------|
| <b>Part VI. ADDITIONAL EXPENSE CLAIMS</b> |   |                     |                |
| 59  | <b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                     |                |
|   |   | Expense Description | Monthly Amount |
|   | a.  |                     | \$             |
|   | b.  |                     | \$             |
|   | c.  |                     | \$             |
|   | Total: Add Lines a, b and c   |                     | \$             |

|                               |  |                                       |                        |
|-------------------------------|--|---------------------------------------|------------------------|
| <b>Part VII. VERIFICATION</b> |  |                                       |                        |
| 60                            | I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i> |                                       |                        |
|                               | Date: <b>December 31, 2007</b>   | Signature: <b>/s/ CARL E BERNS</b>    | (Debtor)               |
|                               | Date: <b>December 31, 2007</b>   | Signature: <b>/s/ CECELIA M BERNS</b> | (Joint Debtor, if any) |

IN RE:

Case No. \_\_\_\_\_

BERNS, CARL E

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ CARL E BERNS

Date: December 31, 2007

Certificate Number: 02114-iln-cc-002717912

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on 10/18/07, at 12:09 o'clock PM EDT, CARL E BERNIS received from Consumer Credit Counseling Service of Greater Atlanta, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the NORTHERN DISTRICT OF ILLINOIS, an individual [or group] briefing (including a briefing conducted by telephone or on the Internet) that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment Plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by Internet.

Date: 10-18-2007

By /s/JEREL GADBERRY

Name JEREL GADBERRY

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

**BERNS, CECELIA M**

Chapter **13**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ CECELIA M BERNES

Date: December 31, 2007

Certificate Number: 02114-iln-cc-002717913

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on 10/18/07, at 12:09 o'clock PM EDT CECELIA BERNES received from Consumer Credit Counseling Service of Greater Atlanta, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the NORTHERN DISTRICT OF ILLINOIS, an individual [or group] briefing (including a briefing conducted by telephone or on the Internet) that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment Plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by Internet.

Date: 10-18-2007

By /s/JEREL GADBERRY

Name JEREL GADBERRY

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i>                                | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY   |
|--|---|--|------------|--------------|----------|---|--|
| ACCOUNT NO. <b>300872918</b><br><b>Aegis Mortgage Corp</b><br><b>3250 Briarpark Dr Ste 40</b><br><b>Houston, TX 77042</b>                        | <b>J</b>  | <b>Mortgage account opened 12/05</b><br><br>VALUE \$ <b>221,000.00</b>                               |            |              |          | <b>210,206.00</b>   |  |
| ACCOUNT NO.  |   | VALUE \$   |            |              |          |   |  |
| ACCOUNT NO.  |   | VALUE \$   |            |              |          |   |  |
| ACCOUNT NO.  |   | VALUE \$   |            |              |          |   |  |
| <div> <div>0 continuation sheets attached</div> <div>Subtotal<br/>(Total of this page)</div> <div>Total<br/>(Use only on last page)</div> </div> |   |  |            |              |          | \$ <b>210,206.00</b>  | \$   |
|  |   |  |            |              |          | (Report also on<br>Summary of<br>Schedules.)                      | (If applicable, report<br>also on Statistical<br>Summary of Certain<br>Liabilities and Related<br>Data.) |



## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i>   | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>65193401</b><br><b>Agncy Cr Ctl</b><br><b>2014 S Pontiac Way</b><br><b>Denver, CO 80224</b>  | <b>H</b>  | <b>Open account opened 9/05</b>  |            |              |          | <b>249.00</b>         |
| ACCOUNT NO.<br><b>American Family Insurance</b><br><b>American Family Insurance Group</b><br><b>Madison, WI 53777</b>   | <b>J</b>  |  |            |              |          | <b>364.92</b>         |
| ACCOUNT NO.<br><b>AT&amp;T</b><br><b>PO Box 8100</b><br><b>Aurora, IL 60507</b>   | <b>J</b>  |  |            |              |          | <b>259.00</b>         |
| ACCOUNT NO. <b>132680005823887</b><br><b>Bur Col Reco</b><br><b>7575 Corporate Way</b><br><b>Eden Prairie, MN 55344</b>   | <b>H</b>  | <b>Open account opened 1/04</b>  |            |              |          | <b>76.00</b>          |
| Subtotal<br>(Total of this page)  |   |  |            |              |          | \$ <b>948.92</b>      |
| Total<br>(Use only on last page of the completed Schedule F. Report also on<br>the Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |   |  |            |              |          | \$                    |

7 continuation sheets attached

IN RE **BERNS, CARL E & BERNS, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)         | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>517805730382</b><br><b>Capital 1 Bk</b><br><b>11013 W Broad St</b><br><b>Glen Allen, VA 23060</b> | <b>H</b>  | <b>Revolving account opened 10/06</b>  |            |              |          | <b>914.00</b>         |
| ACCOUNT NO. <b>517805249989</b><br><b>Capital 1 Bk</b><br><b>11013 W Broad St</b><br><b>Glen Allen, VA 23060</b> | <b>W</b>  | <b>Revolving account opened 11/04</b>  |            |              |          | <b>908.00</b>         |
| ACCOUNT NO. <b>21071860001</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>               | <b>H</b>  | <b>Open account opened 7/07</b>  |            |              |          | <b>295.00</b>         |
| ACCOUNT NO. <b>21070790970</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>               | <b>H</b>  | <b>Open account opened 3/07</b>  |            |              |          | <b>167.00</b>         |
| ACCOUNT NO. <b>21070664628</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>               | <b>H</b>  | <b>Open account opened 3/07</b>  |            |              |          | <b>147.00</b>         |
| ACCOUNT NO. <b>21070790972</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>               | <b>H</b>  | <b>Open account opened 3/07</b>  |            |              |          | <b>138.00</b>         |
| ACCOUNT NO. <b>21070790973</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>               | <b>H</b>  | <b>Open account opened 3/07</b>  |            |              |          | <b>133.00</b>         |

Sheet no. 1 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,702.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE **BERNS, CARL E & BERN, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                               | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>21070790971</b><br><b>Cbcs</b><br><b>Po Box 163250</b><br><b>Columbus, OH 43216</b>                                     | <b>H</b>  | <b>Open account opened 3/07</b>  |            |              |          | <b>124.00</b>         |
| ACCOUNT NO. <b>9422507</b><br><b>Collection Co America</b><br><b>700 Longwater Dr</b><br><b>Norwell, MA 02061</b>                      | <b>W</b>  | <b>Installment account opened 8/07</b>   |            |              |          | <b>260.00</b>         |
| ACCOUNT NO.<br><b>COLUMBIA HOUSE CO.</b><br><b>C/O NCO FINANCIAL SYSTEMS</b><br><b>PO BOX 15740</b><br><b>WILMINGTON, DE 19850</b>     | <b>W</b>  |  |            |              |          | <b>110.00</b>         |
| ACCOUNT NO. <b>4564190003746178</b><br><b>Columbus Bank And Trust</b><br><b>Po Box 105555</b><br><b>Atlanta, GA 30348</b>              | <b>H</b>  | <b>Revolving account opened 7/05</b>   |            |              |          | <b>1,906.00</b>       |
| ACCOUNT NO. <b>79450119020615922</b><br><b>Dell Financial Svcs</b><br><b>12234 N Ih 35 Sb Bldg B</b><br><b>Austin, TX 78753</b>        | <b>H</b>  | <b>Revolving account opened 7/04</b>   |            |              |          | <b>89.00</b>          |
| ACCOUNT NO.<br><b>Elmhurst Clinic</b><br><b>C/O Pelettiei &amp; Associ</b><br><b>991 OAK CREEK DR</b><br><b>LOMBARD, IL 60148-6408</b> | <b>H</b>  |  |            |              |          | <b>60.20</b>          |
| ACCOUNT NO.<br><b>ELMHURST MEMORIAL HEALTHCARE</b><br><b>75 REMITTANCE DR.</b><br><b>CHICAGO, IL 60675</b>                             | <b>J</b>  |  |            |              |          | <b>55.33</b>          |

Sheet no. 2 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,604.53**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **BERNS, CARL E & BERNS, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                      | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Fingerhut</b><br><b>Po Box 166</b><br><b>Newark, NJ 07101-0166</b>  | <b>W</b>  |  |            |              |          | <b>164.28</b>         |
| ACCOUNT NO. <b>7658791</b><br><b>First Revenue Assuranc</b><br><b>200 Fillmore St Ste 300</b><br><b>Denver, CO 80206</b>                      | <b>W</b>  | <b>Installment account opened 5/07</b>   |            |              |          | <b>146.00</b>         |
| ACCOUNT NO. <b>601918038224</b><br><b>Gemb/care Credit</b><br><b>Po Box 981439</b><br><b>El Paso, TX 79998</b>                                | <b>J</b>  | <b>Revolving account opened 6/07</b>   |            |              |          | <b>413.00</b>         |
| ACCOUNT NO. <b>603220141177</b><br><b>Gemb/walmart</b><br><b>Po Box 981400</b><br><b>El Paso, TX 79998</b>                                    | <b>W</b>  | <b>Revolving account opened 6/07</b>   |            |              |          | <b>164.00</b>         |
| ACCOUNT NO.<br><b>Gottlieb Memorial Hosp</b><br><b>C/O WELTMAN WEINBERT &amp; REIS</b><br><b>10 S LaSALLE ST.</b><br><b>Chicago, IL 60603</b> | <b>H</b>  | <b>LAWSUIT filed in Cook County, case No. 05 M1-186880</b>   |            |              |          | <b>1,618.57</b>       |
| ACCOUNT NO.<br><b>HSBC</b><br><b>Early Out Agency Mgr</b><br><b>Las Vegas, NV 89144</b>   | <b>W</b>  |  |            |              |          | <b>861.00</b>         |
| ACCOUNT NO. <b>50000200445578</b><br><b>Hsbc Auto</b><br><b>6602 Convoy Ct</b><br><b>San Diego, CA 92111</b>                                  | <b>J</b>  | <b>Installment account opened 10/06 AUTO<br/>REPOSSESSED AND TO BE SOLD BY CREDITOR</b>            |            |              |          | <b>7,415.00</b>       |

Sheet no. 3 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **10,781.85**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE **BERNS, CARL E & BERNS, CECELIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                    | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>5407915008180660</b><br><b>Hsbc Bank</b><br><b>Po Box 5253</b><br><b>Carol Stream, IL 60197</b>              | <b>W</b>  | <b>Revolving account opened 6/03</b>   |            |              |          | <b>906.00</b>         |
| ACCOUNT NO. <b>5489555114036637</b><br><b>Hsbc Bank</b><br><b>Po Box 5253</b><br><b>Carol Stream, IL 60197</b>              | <b>W</b>  | <b>Revolving account opened 8/05</b>   |            |              |          | <b>603.00</b>         |
| ACCOUNT NO. <b>8173643</b><br><b>Illinois Collection Se</b><br><b>8231 185th St Ste 100</b><br><b>Tinley Park, IL 60487</b> | <b>H</b>  | <b>Open account opened 7/05</b>  |            |              |          | <b>364.00</b>         |
| ACCOUNT NO. <b>8111045</b><br><b>Illinois Collection Se</b><br><b>8231 185th St Ste 100</b><br><b>Tinley Park, IL 60487</b> | <b>H</b>  | <b>Open account opened 7/05</b>  |            |              |          | <b>58.00</b>          |
| ACCOUNT NO.<br><b>Joseph A. Lagattuta</b><br><b>Po Box 7007</b><br><b>Bolingbrook, IL 60440</b>                             | <b>H</b>  |  |            |              |          | <b>26.80</b>          |
| ACCOUNT NO. <b>5053084</b><br><b>Kca Financial Svcs</b><br><b>628 North St</b><br><b>Geneva, IL 60134</b>                   | <b>H</b>  | <b>Open account opened 3/03</b>  |            |              |          | <b>56.00</b>          |
| ACCOUNT NO. <b>4873867</b><br><b>Kca Finl</b><br><b>628 North Street Pob 53</b><br><b>Geneva, IL 60134</b>                  | <b>J</b>  | <b>Open account opened 2/03</b>  |            |              |          | <b>54.00</b>          |

Sheet no. 4 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,067.80**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE **BERNS, CARL E & BERNS, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)            | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>798192414047</b><br><b>Lowes/mbga</b><br><b>Po Box 103065</b><br><b>Roswell, GA 30076</b>            | <b>H</b>  | <b>Revolving account opened 5/05</b>   |            |              |          | <b>1,222.00</b>       |
| ACCOUNT NO. <b>798192414191</b><br><b>Lowes/mbga</b><br><b>Po Box 103065</b><br><b>Roswell, GA 30076</b>            | <b>W</b>  | <b>Revolving account opened 11/05</b>  |            |              |          | <b>358.00</b>         |
| ACCOUNT NO.<br><b>LOYOLA MEDICINE</b><br><b>PO BOX 88049</b><br><b>CHICAGO, IL 60680-1049</b>                       | <b>W</b>  |  |            |              |          | <b>25.60</b>          |
| ACCOUNT NO. <b>4225756271320</b><br><b>Mcydsnb</b><br><b>9111 Duke Blvd</b><br><b>Mason, OH 45040</b>               | <b>W</b>  | <b>Revolving account opened 9/06</b>   |            |              |          | <b>368.00</b>         |
| ACCOUNT NO. <b>4226243864820</b><br><b>Mcydsnb</b><br><b>9111 Duke Blvd</b><br><b>Mason, OH 45040</b>               | <b>H</b>  | <b>Revolving account opened 4/07</b>   |            |              |          | <b>93.00</b>          |
| ACCOUNT NO.<br><b>MIMIT PC</b><br><b>DEPT 4419</b><br><b>CAROL STREAM, IL 60122</b>                                 | <b>H</b>  |  |            |              |          | <b>28.20</b>          |
| ACCOUNT NO.<br><b>NO IL EMERG &amp; OCCUP MED SPEC</b><br><b>9410 COMPUBILL DR.</b><br><b>ORLAND PARK, IL 60462</b> | <b>H</b>  |  |            |              |          | <b>33.00</b>          |

Sheet no. **5** of **7** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

\$ **2,127.80**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE **BERNS, CARL E & BERNS, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                    | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Quest Diagnostics</b><br><b>Po Box 64804</b><br><b>Baltimore, MD 21264</b>                                | <b>J</b>  |  |            |              |          | <b>200.00</b>         |
| ACCOUNT NO.<br><b>Ramesh C. Dhingra</b><br><b>675 W. North Ave</b><br><b>Melrose Park, IL 60160</b>                         | <b>H</b>  |  |            |              |          | <b>9.60</b>           |
| ACCOUNT NO.<br><b>RJM PATHOLOGY CONSULTANTS</b><br><b>34520 EAGLE WAY</b><br><b>CHICAGO, IL 60678</b>                       | <b>J</b>  |  |            |              |          | <b>20.25</b>          |
| ACCOUNT NO. <b>771410028090</b><br><b>Sams Club</b><br><b>Po Box 981400</b><br><b>El Paso, TX 79998</b>                     | <b>J</b>  | <b>Revolving account opened 10/04</b>  |            |              |          | <b>929.00</b>         |
| ACCOUNT NO.<br><b>SPRINT</b><br><b>C/O DIVERSIFIED CONSULTANTS</b><br><b>PO BOX 551268</b><br><b>JACKSONVILLE, FL 32255</b> | <b>W</b>  |  |            |              |          | <b>146.00</b>         |
| ACCOUNT NO. <b>339739819</b><br><b>Tnb - Target</b><br><b>Po Box 673</b><br><b>Minneapolis, MN 55440</b>                    | <b>W</b>  | <b>Revolving account opened 7/05</b>   |            |              |          | <b>854.00</b>         |
| ACCOUNT NO.<br><b>University Of Illinois Med Center</b><br><b>8332 Innovation Way</b><br><b>Chicago, IL 60682-0083</b>      | <b>H</b>  |  |            |              |          | <b>113.48</b>         |

Sheet no. 6 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,272.33**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE **BERNS, CARL E & BERNS, CECILIA M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                   | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>5856370723322666</b><br><b>Value City</b><br><b>Po Box 182303</b><br><b>Columbus, OH 43218</b>              | <b>J</b>  | <b>Revolving account opened 3/95</b>   |            |              |          | <b>1,239.00</b>       |
| ACCOUNT NO.<br><b>WEST SUBURBAN INFECTIOUS DISEASE</b><br><b>8743 W OGDEN AVE.</b><br><b>LYONS, IL 60534</b>               | <b>H</b>  |  |            |              |          | <b>31.70</b>          |
| ACCOUNT NO. <b>5780981015531409</b><br><b>Wfcb/blair Catalog</b><br><b>Po Box 2974</b><br><b>Shawnee Mission, KS 66201</b> | <b>H</b>  | <b>Revolving account opened 11/02</b>  |            |              |          | <b>492.00</b>         |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |

Sheet no. 7 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,762.70**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **25,267.93**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **December 31, 2007** Signature: **/s/ CARL E BERNS**  
**CARL E BERNS** Debtor

Date: **December 31, 2007** Signature: **/s/ CECELIA M BERNS**  
**CECELIA M BERNS** (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

**BERNS, CARL E & BERNS, CECELIA M**

Chapter **13**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors **40**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **December 31, 2007**

**/s/ CARL E BERNS**

Debtor

**/s/ CECELIA M BERNS**

Joint Debtor

BERNS, CARL E  
10620 Wrightwood Ave.  
Melrose Park, IL 60164

Collection Co America  
700 Longwater Dr  
Norwell, MA 02061

Gottlieb Memorial Hosp  
C/O WELTMAN WEINBERT & REIS  
10 S LaSALLE ST.  
Chicago, IL 60603

BERNS, CECELIA M  
10620 Wrightwood Ave.  
Melrose Park, IL 60164

COLUMBIA HOUSE CO.  
C/O NCO FINANCIAL SYSTEMS  
PO BOX 15740  
WILMINGTON, DE 19850

HSBC  
Early Out Agency Mgr  
Las Vegas, NV 89144

Attorneys Serving You, LLC  
1701 S. First Avenue, Ste. 207  
Maywood, IL 60153-2400

Columbus Bank And Trust  
Po Box 105555  
Atlanta, GA 30348

Hsbc Auto  
6602 Convoy Ct  
San Diego, CA 92111

Aegis Mortgage Corp  
3250 Briarpark Dr Ste 40  
Houston, TX 77042

Dell Financial Svcs  
12234 N Ih 35 Sb Bldg B  
Austin, TX 78753

Hsbc Bank  
Po Box 5253  
Carol Stream, IL 60197

Agncy Cr Ctl  
2014 S Pontiac Way  
Denver, CO 80224

Elmhurst Clinic  
C/O Pelettiei & Associ  
991 OAK CREEK DR  
LOMBARD, IL 60148-6408

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60487

American Family Insurance  
American Family Insurance Group  
Madison, WI 53777

ELMHURST MEMORIAL HEALTHCARE  
75 REMITTANCE DR.  
CHICAGO, IL 60675

Joseph A. Lagattuta  
Po Box 7007  
Bolingbrook, IL 60440

AT&T  
PO Box 8100  
Aurora, IL 60507

Fingerhut  
Po Box 166  
Newark, NJ 07101-0166

Kca Financial Svcs  
628 North St  
Geneva, IL 60134

Bur Col Reco  
7575 Corporate Way  
Eden Prairie, MN 55344

First Revenue Assuranc  
200 Fillmore St Ste 300  
Denver, CO 80206

Kca Finl  
628 North Street Pob 53  
Geneva, IL 60134

Capital 1 Bk  
11013 W Broad St  
Glen Allen, VA 23060

Gemb/care Credit  
Po Box 981439  
El Paso, TX 79998

Lowes/mbga  
Po Box 103065  
Roswell, GA 30076

Cbcs  
Po Box 163250  
Columbus, OH 43216

Gemb/walmart  
Po Box 981400  
El Paso, TX 79998

LOYOLA MEDICINE  
PO BOX 88049  
CHICAGO, IL 60680-1049

Mcydsnb  
9111 Duke Blvd  
Mason, OH 45040

Value City  
Po Box 182303  
Columbus, OH 43218

MIT PC  
DEPT 4419  
CAROL STREAM, IL 60122

WEST SUBURBAN INFECTIOUS DISEASE  
8743 W OGDEN AVE.  
LYONS, IL 60534

NO IL EMERG & OCCUP MED SPEC  
9410 COMPUBILL DR.  
ORLAND PARK, IL 60462

Wfcb/blair Catalog  
Po Box 2974  
Shawnee Mission, KS 66201

Quest Diagnostics  
Po Box 64804  
Baltimore, MD 21264

Ramesh C. Dhingra  
675 W. North Ave  
Melrose Park, IL 60160

RJM PATHOLOGY CONSULTANTS  
34520 EAGLE WAY  
CHICAGO, IL 60678

Sams Club  
Po Box 981400  
El Paso, TX 79998

SPRINT  
C/O DIVERSIFIED CONSULTANTS  
PO BOX 551268  
JACKSONVILLE, FL 32255

Tnb - Target  
Po Box 673  
Minneapolis, MN 55440

University Of Illinois Med Center  
8332 Innovation Way  
Chicago, IL 60682-0083